

# EXHIBIT 2

**INVOICE****Veritext New York Reporting Co.  
A Veritext Company**

1250 Broadway, Suite 2400  
New York, NY 10001  
Tel. (212) 279-9424  
Fax (212) 279-9643

200 Old Country Road, Suite 580  
Mineola, NY 11501  
Tel. (516) 608-2400  
Fax (516) 608-2450

Bill To: Paul T. Hofmann, Esq.  
Hofmann & Schweitzer  
360 W 31 St Ste 1506  
New York, NY 10001-2727

Invoice #: NY354472  
Invoice Date: 10/19/2010  
Balance Due: \$327.00

Case: ~~Hicks, Charles W~~ Bane Lane Bunkering  
Job #: 267159 | Job Date: 10/8/2010 | Delivery: Normal  
Billing Atty: Paul T. Hofmann, Esq.  
Location: Hill Betts & Nash  
1 World Financial Center | 200 Liberty Street / 26th Floor | New York  
Sched Atty: Paul T. Hofmann, Esq.  
Deposing Atty: Paul Hofmann

*pd 11/23/10  
#46858  
\$327-*

Item	Witness	Description	Units	Qty	Price	Amount
1	Mark Andrew Johnson	Transcript - Original & 1 copy	Page	58.00	\$4.00	\$232.00
2		Attendance Fee (appearance)		1.00	\$45.00	\$45.00
3		CD Depo Litigation Pkge		1.00	\$39.00	\$39.00
4		Shipping & handling	Package	1.00	\$11.00	\$11.00
Notes:				Invoice Total:		\$327.00
				Payment:		
				Credits:		
				Interest:		\$0.00
				Balance Due:		\$327.00
Fed. Tax ID: 20-3132569		Term: Net 30				
TERMS	Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 90 days.					

Please tear off stub and return with payment.

Make check payable to: Veritext New York Reporting Co.

☐ Visa ☐ MC ☐ Amex ☐ Discover

Credit Card #

Exp. Date

SIGNATURE (AS IT APPEARS ON CREDIT CARD)

PRINT NAME (AS IT APPEARS ON CREDIT CARD)

DAYTIME PHONE

Invoice #: NY354472

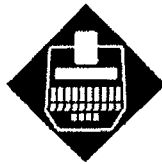
Job #: 267159

Invoice Date: 10/19/2010

Balance: \$327.00

Please remit payment to:  
Veritext New York Reporting Co.  
200 Old Country Road, Suite 580  
Mineola, NY 11501

For more information on charges related to our services please consult: [www.veritext.com/serviceinfo](http://www.veritext.com/serviceinfo)



# Diamond Reporting, Inc.

16 Court Street • Suite 907 • Brooklyn, NY 11241  
T: 718.624.7200 • F: 718.855.1772 • www.diamondreporting.com

HOFMANN & SCHWEITZER, ATTORNEYS AT LAW  
360 WEST 31ST STREET  
SUITE 1506  
NEW YORK, NY 10001  
PAUL HOFMANN, ESQ.

INVOICE NO.: 10120707802

INVOICE DATE: 1/12/2011

REPORTER:  
NORAH COLTON

HICKS, CIRO CHARLES VS VANE LINE BUNKERING, INC & TUG  
PATRIOT  
INDEX NO: 09CIV 3984

TAX ID #: 11-266-5545

BILLER ID: SS

DATE	DESCRIPTION	AMOUNT
12/7/2010	EXAM. BEFORE TRIAL OF THE DEFD., BY BRUCE COMISKEY 106PP ORIGINAL & 2 COPIES - YOUR CHARGE APPEARANCE (AM & PM) YOUR CHARGE DELIVERY & HANDLING	   503.50 55.00 15.00
	<b>SUB TOTAL</b>	<b>\$573.50</b>
	<b>PAID</b>	<b>\$0.00</b>
	<b>BALANCE DUE</b>	<b>\$573.50</b>

**\*\* PLEASE NOTE PAYMENT TERMS ARE NET 30 DAYS \*\***  
**WE ACCEPT AMERICAN EXPRESS, VISA AND MASTERCARD**  
**PLEASE NOTE INVOICE NUMBER ON YOUR PAYMENT - THANK YOU**  
**PLEASE RETURN THIS COPY WITH PAYMENT**

Make checks payable to: Diamond Reporting, Inc.	
<input type="checkbox"/> Visa	<input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Check
Credit Card #:	_____
Exp. Date:	_____ Security Code: _____
Name on Card:	_____

## DIAMOND DEPOSITION CENTERS

New York Offices:  
Manhattan, Brooklyn, Bronx,  
Queens, Staten Island,  
Mineola, White Plains  
.....  
New Jersey Offices:  
Hackensack, Marlton

# HAMILTON COMMUNICATIONS

P.O. BOX 555, WESTBROOK, CONNECTICUT 06498 (860) 399-4999 FAX (860) 399-6999

March 1, 2011

Paul T. Hofmann, Esq.  
Hofmann & Schweitzer  
360 West 31<sup>st</sup> Street  
New York, NY 10001-2727

Invoice #030111

## I N V O I C E

For the videotape recording of the following deposition:

Date: February 23, 2011  
Location: Norwalk, CT  
Witness: Vincent Lusardi  
Case: Ciro Charles Hicks vs. Vane Line Bunkering, Inc.

Videography - half day minimum charge .....	\$450.00
DVD copy of original videotape .....	included
DVD copy archived by Hamilton Communications .....	N/C
parking .....	N/C
shipping (via FedEx) .....	29.00

C.O.D. Total ..... \$479.00

package will arrive on 3-4-11 C.O.D. approved by GERARD

Tax EIN #01-0670488



COURT REPORTING SERVICES  
P.O. BOX 370  
WILTON, CT 06897-0370  
203-846-3402 FAX 203-845-0398



## INVOICE

Paul T. Hofmann, Esquire  
Hofmann & Schweitzer  
360 West 31st Street  
New York, NY 10001-2727

March 8, 2011  
Tax I.D. No. 06-1366246  
Invoice #: 001570

### FOR PROFESSIONAL SERVICES RENDERED:

In re: **Ciro Charles Hicks vs. Vane Line Bunkering, Inc.**

Appearance Fee (February 23, 2011)	\$95.00
Videotaped Deposition of Vincent Lusardi (Orig. & 1)	\$310.65
ASCII Disk	\$15.00
Condensed Transcript	\$25.00
KeyWord Index	n/c
E-Transcript	\$35.00
Subtotal	\$480.65
Shipping & Handling	\$8.05
<b>TOTAL DUE</b>	<b>\$488.70</b>

Reporter: M. P.

TRANSCRIPT WILL BE FORWARDED UPON RECEIPT OF TOTAL DUE.  
THANK YOU.

We accept MasterCard & Visa.

25330%

# PIROZZI & HILLMAN

## COMPUTERIZED REPORTING

Paul Hofmann  
Hofmann & Schweitzer  
360 W. 31st Street  
New York, NY 10001

# INVOICE

Invoice No.	Invoice Date	Job No.
21603	3/2/2011	3322
Job Date	Case No.	
2/16/2011	09-CV-3984(JJ)	
Case Name		
Ciro Hicks v. Vane Line Bunkering		
Payment Terms		
Due upon receipt		

### ORIGINAL TRANSCRIPT OF:

Glen Scroggins	63.00	Pages	@	4.00	252.00
Attendances	1.00		@	55.00	55.00
ASCII/Condensed Transcript/Index-NC	1.00	Disks	@	0.00	0.00
Courier/Mailing	1.00		@	22.50	22.50
<b>TOTAL DUE &gt;&gt;&gt;</b>					<b>\$329.50</b>

Thank you.

NATIONWIDE DEPOSITION SCHEDULING  
(877) 509-5858

Discovery - Court Reporting - Legal Video Services - Trial Technology - Interpreting - Video Conferencing

NEW Satellite Office in Bedford Hills, NY - Serving Westchester County

Celebrating Over 20 Years of Excellence!

Tax ID: 13-3585905

Please detach bottom portion and return with payment.

Paul Hofmann  
Hofmann & Schweitzer  
360 W. 31st Street  
New York, NY 10001

Job No. : 3322 BU ID : PIROZZI  
Case No. : 09-CV-3984(JJ)  
Case Name : Ciro Hicks v. Vane Line Bunkering  
Invoice No. : 21603 Invoice Date : 3/2/2011  
Total Due : \$329.50

Remit To: Pirozzi & Hillman Computerized Reporting  
16 West 36th Street  
Suite 501  
New York, NY 10018

### PAYMENT WITH CREDIT CARD



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_



# PIROZZI & HILLMAN

## COMPUTERIZED REPORTING

Paul Hofmann  
Hofmann & Schweltzer  
360 W. 31st Street  
New York, NY 10001

# INVOICE

Invoice No.	Invoice Date	Job No.
21600	3/2/2011	3290
Job Date	Case No.	
2/16/2011	09-CV-3984(JJ)	
Case Name		
Ciro Hicks v. Vane Line Bunkering		
Payment Terms		
Due upon receipt		

### DEPOSITION OF:

Robert Roosevelt

Attendances

ASCII/Condensed Transcript/Index-NC

38.00 Pages	@	4.00	152.00
1.00	@	55.00	55.00
1.00 Disks	@	0.00	0.00
<b>TOTAL DUE &gt;&gt;&gt;</b>			<b>\$207.00</b>

Thank you.

NATIONWIDE DEPOSITION SCHEDULING  
(877) 509-5858

Discovery - Court Reporting - Legal Video Services - Trial Technology - Interpreting - Video Conferencing

NEW Satellite Office in Bedford Hills, NY - Serving Westchester County

Celebrating Over 20 Years of Excellence!

**SCANNED**

Tax ID: 13-3585905

Please detach bottom portion and return with payment.

Paul Hofmann  
Hofmann & Schweltzer  
360 W. 31st Street  
New York, NY 10001

Job No. : 3290 BU ID : PIROZZI  
Case No. : 09-CV-3984(JJ)  
Case Name : Ciro Hicks v. Vane Line Bunkering  
Invoice No. : 21600 Invoice Date : 3/2/2011  
Total Due : \$207.00

Remit To: Pirozzi & Hillman Computerized Reporting  
16 West 36th Street  
Suite 501  
New York, NY 10018

### PAYMENT WITH CREDIT CARD



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_





Check Request

To: Miriam

Date: August 12, 2010

From: Gerard

Amount: 750.00

Payable To: Dr. Charles C. Rizzo  
Shore Orthopaedic Group  
35 Gilbert Street South  
Tinton Falls, NJ 07701

Tax ID: 222856302

For: Medical Exam

Re: Charles Hicks

---

HOFMANN & SCHWEITZER / ATTORNEY BUSINESS ACCOUNT

46517

8/12/10

Shore Orthopaedic Group

\$750.00

Re: Charles Hicks

HOFMANN & SCHWEITZER

CHECK REQUEST

DATE: October 27, 2010

ISSUE CHECK TO: Shore Orthopaedic Group

AMOUNT: \$350

INVOICE # \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CASE NAME: Charles Hicks

REASON/COMMENTS: Supplemental Report

Please give to Gerard to mail out Priority Mail. Dr. Needs to  
have it for Tuesday, November 2, 2010 exam

---

HOFMANN & SCHWEITZER / ATTORNEY BUSINESS ACCOUNT

46800

Shore Orthopaedic Group  
Client Costs

10/28/2010

10/28/10 46800 Shore Orthopaedic Group  
Hicks, C:09-30:Expert Fees & Reports  
(Fee for Supplemental Report from Dr. Rizzo)

350.00

**Check Request**

**To: Miriam**

**Date: April 16, 2012**

**From: Gerard**

**Amount: \$1,500**

**Payable To: Shore Orthopaedic Group  
35 Gilbert Street South  
Tinton Falls, NJ 07701  
Tax ID: 222856302**

**For: Deposition**

**Re: Hicks**

May 24, 2012

Miriam

re: Hicks vs. Vane

ck for \$2,000. payable to Shore Orthopedic Group (balance due for deposition)

**TAX ID # 222-856-302**

Marielena

p.s. - M., please give check to Paul since he has to bring it with him at time of deposition — TVRS

TKS. 

**Check Request**

**To: Miriam**

**Date: November 9, 2011**

**From: Gerard**

**Amount: 350.00**

**Payable To: Clerk, Southern District of New York**

**For: Complaint**

**Re: Charles Hicks**

**HealthPort**

P.O. Box 409740  
 Atlanta, Georgia 30384-9740  
 Fed Tax ID 58 - 2659941  
 (770) 754 - 6000



Invoice #: 0060116681

Date: 8/25/2009

Customer #: 1348523

## Ship to:

GUILLERMO MARTINEZ  
 HOFMANN AND ASSOCIATES  
 360 WEST 31 STREET STE 1506  
 NEW YORK, NY 10001

## Bill to:

GUILLERMO MARTINEZ  
 HOFMANN AND ASSOCIATES  
 360 WEST 31 STREET STE 1506  
 NEW YORK, NY 10001

## Records from:

MERIDIAN RIVERVIEW  
 1 RIVERVIEW PLAZA  
 RED BANK, NJ 07701

Requested By: HOFMANN AND ASSOCIATES

DOB:

071651

Patient Name: HICKS CIRO CHARLES

SSN:

\*\*\*\*\*2129

Description	Quantity	Unit Price	Amount
Basic Fee			10.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	316	0.25	79.00
Per Page Copy (Paper) 2	100	1.00	100.00
Shipping/Handling			10.25
Subtotal			199.25
Sales Tax			0.00
Invoice Total			199.25
Balance Due			199.25

Pay your invoice online at [www.HealthPortPay.com](http://www.HealthPortPay.com)

Terms: Net 30 days

Please remit this amount : \$ 199.25 (USD)

**HealthPort**

P.O. Box 409740  
 Atlanta, Georgia 30384-9740  
 Fed Tax ID 58 - 2659941  
 (770) 754 - 6000

Invoice #: 0060116681

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to [www.HealthPortPay.com](http://www.HealthPortPay.com) or call (770) 754 6000.



# Atlantic Diagnostics, LLC

Atlantic Open MRI, LLC

High Field Open MRI • Fluoroscopy • Ultrasound  
• CAT Scan

*[Handwritten signature]*

Dear Guillermo Martinez

Our office is in receipt of your requests for RADIOLOGICAL REPORTS and/or RADIOLOGICAL FILMS.

Patients Name: Ciro Charles Hicks Claim/File# \_\_\_\_\_

Authorized information will be mailed to you upon request of \$132.00

\$100.00 each MRI-STUDY 5/20/09 MRI Right shoulder arthrograph  
\$1.00 each Record Page 22 (Pages)  
\$10.00 Search fee is applied

## PLEASE TAKE CAREFUL NOTE OF THE FOLLOWING

\_\_\_\_ Please send a signed notarized authorization so we can send you films/reports. Authorization must have original signature of patient. Authorization also must be filled completely and correctly. If it is not, all correspondence will be returned to your office.

\_\_\_\_ Authorization you have enclosed allows us to send records to \_\_\_\_\_ only. If you want records sent directly to you, please send proper authorization allowing us to do so.

\_\_\_\_ Your mailing address is not clear, please clarify. Please note that radiology films cannot be sent to PO Boxes via UPS. Please provide us with a non P.O. Box mailing address.

✓ \_\_\_\_ Thank you for sending proper authorization. Upon receipt of the above mentioned fee, we will send your office films/reports.

Sincerely,

*[Handwritten signature: Lisa Shrodo]*

Lisa Shrodo  
Medical Records Clerk

Douglas Gibbens, MD • Norman Schoenberg, MD • Joseph Triolo, MD • Cynthia Barone, DO

766 Shrewsbury Avenue, Tinton Falls, New Jersey 07724

Phone (732) 530-8989 • Fax (732) 530-6365

www.atlanticmri.com



Invoice Number: 20403

Request Number: \_\_\_\_\_

Phone. (800)-483-6040

Fax. (732)-387-8329

Date 8/18/2010

P.O. Box 23

South River, NJ 08882

Tax ID # 27-0605846

Email: [customer.service@medrequestolutions.com](mailto:customer.service@medrequestolutions.com)

## Bill To:

Attn: Guillermo MartinezRequester: Hofman & AssociatesAddress: 360 West 31st StreetCity: New York State: NY Zip: 10001

## Send To:

Attn: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Records Status: Pre Bill



Doctor Name: \_\_\_\_\_

Patient Name: Hicks, Ciro  
Last FirstFacility Name: Orthopaedic, Sports Medicine & Rehab.Your Claim/File # \_\_\_\_\_ Site # 1010 Rep # 1 Page Count: 72

Initial Fee: \_\_\_\_\_

Page Fee: \$72.00

Processing Charge: \_\_\_\_\_

Subpoena Charge: \_\_\_\_\_

Certification Charge: \$10.00

Postage/Handling Charge: \_\_\_\_\_

Invoice Total: \$82.00

Thank you!

Credit: \_\_\_\_\_

Payment: \_\_\_\_\_

## Confidential Records

The Medical information enclosed with this invoice has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal Regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Balance Due: \$82.00

Check #: \_\_\_\_\_

To expedite your request, please include our invoice number on your check.

## Credit Card Payments

Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover \_\_\_

\*Cardholder Name: \_\_\_\_\_ \*Credit Card # \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_ \*Exp. Date: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_ \*Billing City: \_\_\_\_\_

\*Billing State \_\_\_\_\_ \*Billing Zip Code: \_\_\_\_\_

**Important:** This Invoice is for fees associated with the reproduction of requested medical records. If you are the authorized representative of the patient please adjust any fees to adhere to the proper state fee laws. Payment of this invoice acknowledges acceptance and agreement of all fees charged and services provided by Med Request Solutions Inc. If you are not the intended recipient, please call us at the above phone number, or return records to the above address Thank you.

Paul

Date: NOV. 4, 2010 Fax Cover Sheet

Pages:

David Hyppolite M.D.  
Providential Medical Center P.C.  
66C Bridge Ave. Red Bank, NJ 07701  
P: (732)747-6600 F: (732)747-6001

To: Tony

Fax #: (212)465-8849

Comments:

Medical Records Requested  
pt. Ciro Hicks

Search fee \$10.00

Pages @ \$1.00 \$150.00

postage 5.00

\$165.00

Tot. amount due

Make payable to David Hyppolite MD

TX ID #

202134975

This transmission is intended only for the individual or entity to which it is addressed and contains information that is confidential. If you have received this in error, please destroy the faxed materials and contact the sender immediately at (732)747-6600.

This information has been disclosed to you from confidential records and is protected by Federal and State law. This may include confidential mental health, substance and/or alcohol abuse and HIV related information. Federal and State law prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of the law may result in a fine or jail sentence or both. A general authorization for the release of this information may not be sufficient authorization for further disclosure.

Thank  
you

Z. Hyppolite

Invoice Number: 25880

Request Number: \_\_\_\_\_

Phone: (800)-483-6040

Fax: (732)-387-8329



P.O. Box 23

South River, NJ 08882

Tax ID # 27-0605846

Email: customer.service@medrequestsolutions.com

Date 12/16/2010

## Bill To:

Attn: Guillermo MartinezRequester: Hofmann & SchweitzerAddress: 360 West 31st St.City: New York State: NY Zip: 10001

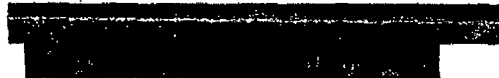
## Send To:

Attn: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Records Status: Pre Bill**Doctor Name: Dr. Bernard P. MurphyPatient Name: Hicks, Ciro Charles  
Last FirstFacility Name: Orthopaedic, Sports Medicine & Rehab.Your Claim/File # \_\_\_\_\_ Site # 1010 Rep # 3 Page Count: 98

Initial Fee: \_\_\_\_\_

Page Fee: \$98.00

Processing Charge: \_\_\_\_\_

Subpoena Charge: \_\_\_\_\_

Certification Charge: \$10.00

Postage/Handling Charge: \_\_\_\_\_

Invoice Total: \$108.00

Credit: \_\_\_\_\_

Payment: \_\_\_\_\_

Thank you!

Balance Due: \$108.00

Check#: \_\_\_\_\_

**Confidential Records**

The Medical information enclosed with this invoice has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal Regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

To expedite your request, please include our invoice number on your check.

**Credit Card Payments**Visa ☐ Mastercard ☐ American Express ☐ Discover ☐

\*Cardholder Name: \_\_\_\_\_ \*Credit Card # \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_ \*Exp. Date: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_ \*Billing City: \_\_\_\_\_

\*Billing State: \_\_\_\_\_ \*Billing Zip Code: \_\_\_\_\_

**Important:** This Invoice is for fees associated with the reproduction of requested medical records. If you are the authorized representative of the patient please adjust any fees to adhere to the proper state fee laws. Payment of this invoice acknowledges acceptance and agreement of all fees charged and services provided by Med Request Solutions Inc. If you are not the intended recipient, please call us at the above phone number, or return records to the above address Thank you.

(2)

Invoice Number: 24651

Request Number: \_\_\_\_\_

Phone. (800)-483-6040

Fax. (732)-387-8329

Date 11/18/2010

P.O. Box 23

South River, NJ 08882

Tax ID # 27-0605846

Email: customer.service@medrequestolutions.com

## Bill To:

Attn: Paul T. HofmannRequester: Hofmann & SchweitzerAddress: 360 West 31st St.City: New York State: NY Zip: 10001

## Send To:

Attn: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Records Status: Send with Invoice

Doctor Name: Dr. Steven P. LisserPatient Name: Hicks, Ciro

Last First

Facility Name: Orthopaedic, Sports Medicine & Rehab.Your Claim/File # \_\_\_\_\_ Site # 1010 Rep # 3 Page Count: 4

Initial Fee: \_\_\_\_\_

Page Fee: \$10.00

Processing Charge: \_\_\_\_\_

Subpoena Charge: \_\_\_\_\_

Certification Charge: \_\_\_\_\_

Postage/Handling Charge: \_\_\_\_\_

Invoice Total: \$10.00

Credit: \_\_\_\_\_

Payment: \_\_\_\_\_

Thank you!

Balance Due: \$10.00

Check#: \_\_\_\_\_

## Confidential Records

The Medical information enclosed with this invoice has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal Regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.



To expedite your request, please include our invoice number on your check.

## Credit Card Payments

Visa\_\_ Mastercard\_\_ American Express\_\_ Discover\_\_

\*Cardholder Name: \_\_\_\_\_

\*Credit Card # \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_

\*Exp. Date: \_\_\_\_\_

\*Security Code: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*Billing City: \_\_\_\_\_

\*Billing State \_\_\_\_\_

\*Billing Zip Code: \_\_\_\_\_

**Important:** This Invoice is for fees associated with the reproduction of requested medical records. If you are the authorized representative of the patient please adjust any fees to adhere to the proper state fee laws. Payment of this invoice acknowledges acceptance and agreement of all fees charged and services provided by Med Request Solutions Inc. If you are not the intended recipient, please call us at the above phone number, or return records to the above address Thank you.

**HealthPort**  
P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
(770) 754 - 6000



**Invoice #:** 0084801605  
**Date:** 12/22/2010  
**Customer #:** 1348523

**Ship to:**

GUILLERMO MARTINEZ  
HOFMANN AND SCHWEITZER  
360 WEST 31 STREET  
NEW YORK, NY 10001-

**Bill to:**

GUILLERMO MARTINEZ  
HOFMANN AND SCHWEITZER  
360 WEST 31 STREET  
NEW YORK, NY 10001-

**Records from:**

MERIDIAN RIVERVIEW  
1 RIVERVIEW PLAZA  
RED BANK, NJ 07701

**Requested By:** HOFMANN AND SCHWEITZER  
**Patient Name:** HICKS CIRO

**DOB:** 071651  
**SSN:** \*\*\*\*\*2129

Description	Quantity	Unit Price	Amount
Basic Fee			10.00
Retrieval Fee			0.00
Per Page Copy (Paper) 2	100	1.00	100.00
Per Page Copy (Paper) 1	375	0.25	93.75
Shipping/Handling			10.25
Subtotal			214.00
Sales Tax			0.00
Certification Fee			5.00
Invoice Total			219.00
Balance Due			219.00

**Pay your invoice online at [www.HealthPortPay.com](http://www.HealthPortPay.com)**

**Terms: Net 30 days** **Please remit this amount : \$ 219.00 (USD)**

**HealthPort**  
P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
(770) 754 - 6000

**Invoice #:** 0084801605

**Check #** \_\_\_\_\_  
**Payment Amount \$** \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to [www.HealthPortPay.com](http://www.HealthPortPay.com) or call (770) 754 6000.

Email questions to [Collections@healthport.com](mailto:Collections@healthport.com).

**Discovery Tax ID # 26-1431538**

Invoice Number 1379925  
 Invoice Date 12/22/2010  
 Work Order # 1592580  
 Reference / Claim # : n/a

**Remit Payment to:****Discovery Health Record Solutions**

1150 Northmeadow Parkway, Suite 100  
 Roswell, GA 30076  
 678.990.5300 / Fax: 678.990.5301

Cappiello, Hofmann & Katz, P.C.  
 360 West 31st Street  
 New York NY 10001-2727  
 Attention: Guillermo Martinez

**Records from:**

Concentra Medical Center-NJ/EDS  
 135 Raritan Center Parkway  
 Edison NJ 08837

**Records of:** Hicks, Ciro C.

DOB: 07/16/1951

Item	Quantity	Price	Total
Minimum Fee Pages 1 - 10	1	10.000	10.00
Page 11 - 100	29	1.000	29.00
Shipping and Handling	1	1.850	1.85
Copy of Certification provided with records	1	6.780	6.78

Payment terms are net 30, after 30 days a 5% late fee will automatically be applied.

Returned checks are subject to a \$15 returned check fee.

A cancellation fee will apply if the order is cancelled after the invoice is received.

While charges may be computed on a per copy basis, such charges represent our charges for personal services only, and the actual copies represent an inconsequential element of our services and no separate charge is made therefore.

**Order Total: 47.63****Sales Tax:****Payment Received: 0.00****Due within 30 days: 47.63****After 01/21/2011 50.01**

**Visa, Master Card, Discover, American Express Accepted**

Cappiello, Hofmann &amp; Katz, P.C.

Invoice # 1379925

Please remit this portion with your payment to:

Discovery Health Record Solutions  
 1150 Northmeadow Parkway, Suite 100  
 Roswell, GA 30076  
 678.990.5300 / Fax: 678.990.5301

**Due within 30 days: 47.63****After 01/21/2011 50.01**

Payment Amount Included \_\_\_\_\_

**Noble Resource Corporation**

## Invoice For Medical Records

P.O.BOX 3540  
 Alpharetta, GA 30023  
 800-490-5007

Tax ID 81-0583779

Invoice Date	Invoice Number
4/27/2012	184849

<b>Bill To</b>
Hofmann & Schweitzer Counselors at Law 360 West 31st Street, Ste 1506 New York NY 10001-2727

<b>Ship To</b>
Hofmann & Schweitzer Counselors at Law 360 West 31st Street, Ste 1506 New York, NY 10001-2727

Patient Name	REP	ship date	Ship Via	Your File Number	Page count
Charles Hicks	376	4/27/2012	Reg Mail		4

Description	Quantity	Rate	Class	Amount
Base Fee		10.00	376 Shore Ortho...	10.00
postage		0.45	376 Shore Ortho...	0.45

The enclosed information was reproduced by Noble Resource Corporation. Noble Resource Corporation is under an agreement with this facility to process authorized requests for copies of medical records.

Some information that you requested may not be enclosed because it was not present in the medical records at the time this request was received.

If this invoice does not have information enclosed, the information was sent to the location designated on the request.

**Payment is due upon receipt of this invoice. A service charge of 1.5% per month (annual rate 18%) will be charged if not paid within 30 days from the date of this invoice. Please include one copy of this invoice with your remittance to Noble Resource Corporation to ensure proper credit. Please direct all questions to Noble Resource Corporation 800-490-5007.**

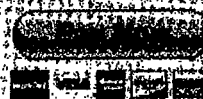
**Return one copy of this invoice with your payment  
 Please make check payable to:  
 Noble Resource Corporation  
 PO Box 3540  
 Alpharetta, GA 30023  
 To pay by credit card please call 800-490-5007**

<b>Total</b>	\$10.45
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$10.45



Guaranteed Subpoena Service, Inc.  
 P.O. Box 2246 • Union, New Jersey 07083  
 (908) 687-0088 • (908) 674-3382  
 Fax: (908) 687-0885 • Fax: (908) 674-3385  
 www.served.com

PD: 5/17/10  
 # 46217  
 \$ 59.95



HOFMANN & ASSOC.  
 PAUL T. HOFMANN, ESQ  
 1130 RTE 202 SO. STE A 7  
 RARITAN, NJ 08869

INVOICE # 20100414174241  
 AMOUNT DUE: \$59.95  
 DUE DATE: 05/16/2010

WE RESERVE THE RIGHT TO CHARGE 18% APR INTEREST (0.049315% DPR PAST THE DUE DATE) ON ALL UNPAID BALANCES.

Tear along the perforation and keep the middle stub for your records! Return the bottom stub with your payment. Thank you for your business!

AMOUNT DUE: \$59.95  
 ATTORNEY:  
 FIRM:  
 PLAINTIFF:  
 DEFENDANT:  
 DOCKET#:  
 ENTITY SERVED:  
 SERVED WITH:  
 SERVED DATE:

DUE DATE: 05/16/2010  
 PAUL T. HOFMANN, ESQ  
 HOFMANN & ASSOC.  
 C/O CHARLES HICKS  
 VANE LINE BUNKERING, INC  
 9 CV 3984  
 DONJON MARINE CO, INC  
 SUBPOENA IN A CIVIL CASE  
 04/15/2010

INVOICE #: 20100414174241

INVOICE DATE: 04/16/2010

CLAIM#:

COURT DATE:

04/26/2010

PAYMENT SENT ON:

□□/□□/□□

AMOUNT PAID:

□□.□□□□.□□

ATTENDANCE FEE: \$0.00  
 SERVICE FEE: \$59.95  
 MILEAGE FEE: \$0.00  
 PRIORITY FEE: \$0.00  
 PICKUP FEE: \$0.00  
 INCORRECT ADDRESS FEE: \$0.00  
 POSTAL FORWARDING FEE: \$0.00  
 CASH ATTACHED: \$0.00  
 WAIT TIME 0.00 HOURS FEE: \$0.00  
 NOTARY/MISC. FEE: \$0.00  
 TOTAL: \$59.95

☐ CHECK  
☐ VISA  
☐ MASTERCARD  
☐ DISCOVER  
☐ AMERICAN EXPRESS

CARD/CHECK#: □□□□□□□□□□□□□□□□